



PATHWAY TO JOY MINISTRIES

General Info.

PTJM Mission Trip or Internship Dates _____ Trip Description: _____

Legal Last Name _____ Legal First Name _____ Name you prefer to be called _____

Home Address Street _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work/School Phone (____) _____ Cell Phone(____) _____

Email Address _____ (Please write clearly and distinguish between letters and numbers)

Character References

Name _____ Job Title _____

Address Street _____ City _____ State _____ Zip _____

Telephone (____) _____ Email Address _____

What is your local church affiliation? _____ Are you a member: Yes No

Pastor's Name _____ Church Phone # _____

Travel Information

Date of Birth _____ Place of Birth _____ How did you hear about this trip? _____

Do you have a roommate preference? _____ T-shirt size: ____ Do you speak any languages other than English? _____

If yes, please list the language(s) and your level: _____ Beginner Intermediat Fluent

Have you traveled with PTJM within the past 18 months? No Yes

If yes, list most recent trip (country/dates/group): _____

Have you ever been convicted of a crime, other than a minor traffic violation? Yes No

If yes, please explain _____

General Health: Above Average Average Below Average

List any Chronic Health Problems _____

List any Physical Limitations/Disabilities/Restrictions (climbing stairs, extended walking, back fatigue, etc.) _____

Medicine Allergies _____ Other Allergies (food, etc) _____

Medication you are currently taking _____

Ministry Information (not needed for participants who traveled on a PTJM mission trip within the past 18 months)

PLEASE EXPLAIN YOUR ANSWERS TO THE FOLLOWING QUESTIONS IN DETAIL

- (1) How did you come to know Jesus Christ as your personal Savior? _____
- (2) Please describe how your relationship with Christ is currently being developed _____
- (3) What is the most difficult experience you have faced in your life? _____
- (4) What are your prayer requests concerning your involvement with this mission project? Yes No
- (5) Are you willing to be a representative of Christ and PTJM during your time overseas?
- (6) Are you willing to be led by the authority of PTJM staff while overseas?

Passport/Next Steps Information

To obtain a passport, visit the government website: <https://travel.state.gov/content/travel/en/passports.html>

Passport Number: _____ Citizenship _____ PTJM must have your official passport number 60 days prior to departure.

Acceptance of your application to travel on the mission trip is in the sole discretion of PTJM and without explanation.

MAIL COMPLETED APPLICATION and YOUR DEPOSIT to:

**Pathway to Joy Ministries
 ATTN: Missions Department
 1415 Wiley Street
 Hollywood, FL 33020**





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Continuation of responses from page 1:

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